

Remarks to
✓ REMARKS

ON

MEDICAL JURISPRUDENCE,

INTENDED FOR THE

GENERAL INFORMATION

OF

JURIES AND YOUNG SURGEONS.



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REMARKS

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TO THE
RIGHT HONORABLE
JOHN LORD VISCOUNT CLONMEL,
CHIEF JUSTICE OF IRELAND.

MY LORD,

THE propriety of addressing the subsequent Remarks on Medical Jurisprudence to you, appeared obvious ---and I am convinced, if they are deemed important by your Lordship, will not be considered as intrusive.

To point out how far in cases of supposed murder anatomical inspection can ascertain the cause of death; ---to direct young surgeons in the more material processes of such enquiry, and to enable them to distinguish the effects of injuries, from those spontaneous changes dead bodies necessarily

cessarily undergo;---and to excite some attention to the present state of medical jurisprudence in this country, are the principal objects of this publication.

IF to be arraigned for murder, strikes the most hardened villain with horror, what must the innocent culprit suffer?----who, prosecuted perhaps through malignity, and impeached through ignorance, finds his conviction from mistaken prejudice, become a public wish.

How often in those cases do we find a slight hint clear up a doubt that might otherwise have the most fatal tendency?---And it is in those moments of terror and suspense, that a discriminating and humane Judge may, by presenting the case in a proper point of view to the Jury, rescue the unfortunate accused from an impending

pending ignominious death---where the loss of life may be considered as the lesser forfeit.

It has been frequently regretted, that, in the exertion of great professional talents, the milder virtues seem suspended. In your Lordship's official capacity, this never can happen; for while you decide as a lawyer, you always feel as a man.

I am,

MY LORD,

with great Respect,

your humble Servant,

THE AUTHOR.

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REMARKS

O N

MEDICAL JURISPRUDENCE.

THERE are three important cases in which Surgeons are particularly called upon to ascertain by dissection the cause of death. First, where external injury has been suffered. Secondly, where it is suspected poison has been administered. Thirdly, where a woman is accused of having murdered her child. These are occasions which require in the surgeon a practical knowledge of anatomy, without which he can never accurately distinguish appearances that may arise from injury or disease, from those spontaneous changes all dead bodies necessarily undergo. A good practical anatomist is rare among surgeons, even in a great city,

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and seldom or never to be met with in the country; from this defect many dreadful mistakes have been committed to the scandal of the profession, and irretrievable injury of the person accused.

THERE are no situations in which the general malignity of popular clamour is more conspicuous than in those of supposed murder: no sooner is a person suspected, than the rumour of it rapidly spreads, and as it flies exaggerates every circumstance that may tend to criminate the unhappy culprit. To young practitioners those are esteemed favourable occasions for displaying their medical discrimination and attracting public attention: Opinions are hastily promulgated, generally contradictory, often absurd, and frequently grounded on suppositious facts. The consequence is, that the accused is publicly condemned before he is juridically tried, and falls at last, perhaps an innocent victim to popular prejudice. I have on many occasions been present at inquests where the attending surgeon, unused to dissection, did not even know the method of exposing to view the different cavities of the body; and it may readily be conceived how little capable he must have been to decide on so important a point.

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Yet in those cases the surgeon, when called on, has no alternative; he must either avow his ignorance, or deliver his opinion; and in the struggle between conscience and pride, I very much fear the former is often sacrificed to the latter.

THERE is not (I will affirm) on record a more melancholy and striking instance of the unhappy effects of popular prejudice, and the fatal consequences of medical ignorance than the case of Captain Donnellan, who was executed in England about ten years ago, for the murder of Sir Theodosius Boughton: It appears that eight or nine days after Sir Theodosius was buried, a surgeon had the body raised, although it was in the month of June, and proceeded to the dissection, notwithstanding a physician and another surgeon present declared that, from the putrid state of the body, no information could be obtained on which any opinion could be grounded respecting the cause of death; and that such an investigation was even attended with much personal danger: yet regardless of this joint opinion and advice, the first surgeon proceeded in the dissection, saying, that to him such a subject was rather a *posy*; and decidedly gave his opinion, that Sir Theodosius died of poison, nor could the testi-

mony of the celebrated John Hunter, who swore that it was impossible to investigate the cause of death in such a state of general putrefaction, do away the impression of the first evidence, on either the mind of the Judge * or Jury; for the first, in his charge, opposes to the opinion of Hunter, which he says, he can call but a doubt, the positive declaration of the first surgeon who opened the body and of some physicians, that the deceased died of poison. Now Hunter's opinion was positive as to the physical impossibility of deciding on the cause of death, and only doubtful when interrogated as to the administration of poison. In this country a case not long since happened, where the medical men concerned decided that a man died of poison; and I have very good reason to believe his death happened in consequence of a rupture.—The unfortunate accused in both cases were convicted, and suffered an ignominious death, for crimes they, both, at their dying moments, in the most solemn manner denied.

No stronger instances can be adduced of the fatal and melancholy effects of popular

* The judge is always considered as the advocate of the prisoner;—in Capt. Donnellan's case he seems to have acted as lawyer for the crown,

prejudice when joined with medical ignorance. From this it appears how necessary it is for surgeons to avail themselves of every opportunity that may tend to improve them in practical anatomy, by which they will acquire a knowledge of the natural appearance of the contents of the different cavities, and when called on, be able to discriminate with accuracy between a sound and diseased state of the parts, and not mistake those changes which take place after death for morbid appearances, a circumstance that I have known sometimes to have happened to experienced surgeons not used to dissection.

WHEN it is necessary to inspect a body, in order to ascertain the cause of death, the sooner after death the inspection takes place the more accurate the investigation will prove. As those remarks are particularly addressed to the younger part of the profession, it is necessary to point out the most material circumstances that should be attended to in the general order of the dissection.

THE first object of enquiry should be into the principal circumstances that attended, and have been deemed to have occasioned the person's death; for those, when known,

known, will direct the surgeon's attention in opening the body, to many important points that otherwise might possibly (in the hurry of dissection) escape him. Fully informed as to all those circumstances, the body should be cleaned and placed on a table, in clear day-light; candle-light, for obvious reasons, is extremely improper on such occasions. The external appearances should be first carefully examined, and we should distinguish between those bloody suffusions and putrid distensions which always rapidly take place after sudden death, in full habits, from those that may arise from contusion or disease. Those are circumstances that require the utmost caution in the surgeon, for people not used to inspect dead bodies are very apt to be struck by such appearances, and instantly decide that the person's death was caused by some injury. After a careful examination of the external surface of the body, we begin to open the different cavities, but first the one in which we may expect to find the cause of death; if it proceeded from external injury, we cannot be at a loss where to begin; but if from poison, the state of the alimentary canal should be our principal object.

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AND here I must request the young practitioner studiously to avoid all unseasonable levity, or making any remarks on the case as he proceeds in the dissection, for the attendants are attentive and will recollect; and I have known some instances where the occasional remarks of the surgeon and his ultimate decision did not correspond.

THE three great cavities are those we generally expose. I will begin with the head.

I NEED not remind the young surgeon, that before he proceeds to open the head, he should have it clean shaved. In short, I cannot too strongly recommend in dissection, the utmost attention to cleanliness, and a decorum that should prohibit the exposing unnecessarily any parts that may hurt the feelings of the lookers on, or cast an injurious reflection on those of the profession.

THE scalp ought to be first carefully examined. If there appears any contusion, wound, or spontaneous separation of the pericranium from the skull, the extent of those different injuries should attentively be traced. We should next proceed to examine the cranium, and let the young operator be careful not to fall into the error of Hippocrates,

Hippocrates, who mistook a suture or natural sulcus for a fracture, all injuries of the bone should be traced and carefully attended to. The upper part of the cranium being removed, the dura mater becomes exposed; this membrane in its natural state has a firm, vascular, and filamentous connexion to the whole inside of the skull, its detachment therefore in any part must be the effect of violence or consequence of disease. In large extensive fractures and depressions where death has suddenly followed, we frequently find a considerable detachment of the dura mater under the part injured, and more or less extravasated blood on its surface; in other injuries of the cranium, it becomes subsequently detached by inflaming and suppurating; but let me caution the surgeon to proceed farther in his dissection, before he pronounces on the cause of death. Before we have done with the dura mater, the state of the sinuses should be remarked, as they are frequently found in many injuries of the brain unnaturally distended with blood. We should then expose the pia mater to view; it is a vascular web, and the connecting medium between the various vessels that pervade the brain. When death is the consequence of concussions of the brain or injuries of the cranium, we will find the cause of death either

either in extravasation, suppuration, or a general collapse of the brain, so that it does not fill the cavity of the cranium. If death immediately succeeds the injury, we must look for extravasation either on the surfaces of the pia mater, corpus callosum, in the ventricles or about the basis of the brain; for all shocks which the head receives are readily communicated to the pia mater, and either produce a temporary suspension of the circulation through it (as happens when a man is knocked down or stunned) or else some of the fine vessels are ruptured, and a fatal extravasation of blood ensues. In the various injuries of the cranium which after some time cause death, we always find the suppuration formed in the pia mater; for the effect of all concussions are instantaneously propagated throughout this vascular membrane; and although a rupture of some of the finer vessels may not be produced, still the temporary derangement in the general circulation through the brain, particularly when combined with local injury, must ever be looked on as a strong exciting cause to future inflammation and suppuration; and this is every day confirmed by experience: for in more than five-and-twenty years extensive practice, in which time I have opened more heads than, I believe, most other practitioners,

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oners, I never, in a single instance, found the contrary.

SHOULD our inspection have for its object the ascertaining the cause of disease, our enquiry must be directed by the leading symptoms that attended it; apoplexy or hydrocephalus are the two most frequent occasions for such examination: in the first extravasations of blood are frequently found in the ventricles from a rupture of some of the vessels in the plexus choroides, or in the folds of the pia mater; in the second, we should take care not to mistake the water, that is generally found in the ventricles, for a morbid accumulation.

As to other diseased appearances that may occur in dissections of the brain, such as steatoma and fungous tumors of the dura mater, those enquiries do not admit of any particular direction.

WE now proceed to the examination of the thorax; and, first, we should carefully examine any wound that may externally appear, and trace its traject: Observe whether the ribs, sternum, or dorsal vertebræ, be fractured. After this is done, the cavity of the thorax should be exposed. We should examine

amine the different cavities, right and left, the duplicature of the pleura or mediastinum, the pericardium, and see whether there be extravasation of blood, water or matter, in any of those different cavities. We should observe whether the lungs fill the cavity of the thorax, or are in a collapsed state, and perhaps wounded: it is often difficult to trace a wound through the lungs. I have more than once been embarrassed on such occasions, and but for the extravasation in the cavities would have found it difficult to determine whether the sword passed through the lungs or heart, for by the collapsion of the parts the traject of the wound became effaced. Our next object should be to examine whether the lungs are inflamed, gangrened, tubercular, or any part of them in a state of suppuration: on those points we may decide from their appearance, weight and density, or by cutting into them, the large blood-vessels, and the thoracic duct should next be inspected; and we should carefully look whether aneurism, polypi, or wound has taken place in them. Having satisfied ourselves as to those different points, we proceed to open the abdomen.

THE external appearances as to wounds, contusions and fractures of the vertebræ, should

should be first enquired after; then the different parts of the abdomen, where ruptures usually appear, should be carefully examined. In cases of suspected poison, great attention should be paid to this enquiry, for the symptoms of a rupture under the circumstances of stricture may, by the ignorant, be imputed to the administration of poison, as, in both cases, the patients are harrassed with incessant vomitings, &c. Satisfied as to all those points, we proceed to expose the cavity of the abdomen, and examine if it contains extravasations of water, matter or blood: the first will be at once obvious; the second may be in the cellular membrane that envelopes the psoas muscles, or lines the pelvis. Blood will generally descend and be found about Poupart's ligament. The different viscera next should be accurately inspected, lest any of them should be wounded, or in a diseased state. I need not surely remark, that the urinary passages, and organs of generation lie outside the abdomen; and if there appears any necessity for it, they may be separately examined.

WE next proceed to open the alimentary canal; and abstracted from wounds, our enquiry will be directed in general to ascertain whether poison had been administered; this we

we do by an accurate examination of the stomach and intestinal canal, and a chemical analysis of their contents; but it will be first necessary minutely to enquire into the leading circumstances and symptoms that preceded the person's death. Poison is a very relative term. It is an old adage, that what is one man's meat is another man's poison. It depends not only on the quality, but the quantity, of the substance given, and its activity on the vehicle in which it is mixed or suspended. There are but few poisons that have not been medically administered from time to time, without producing any dangerous complaints; nay, Morgagni affirms that mountebanks have been known to swallow arsenic rolled up in suet, or lard, and retain it for some time in their stomachs; then vomit it up, without sustaining the least injury.

ALTHOUGH it is difficult to define poison medically, yet mankind judge rationally, and consider *that* as poison, which given in a certain quantity, induces sudden death, and which is administered in such quantity for such purpose.

Poison may be drawn from the mineral, vegetable, and animal kingdoms. The two
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first will form the only objects of our present enquiry, being the substances usually given for the purpose of poisoning. Of the mineral poisons arsenic is most frequently administered; the action of all mineral poisons is immediately on the stomach; which it throws into violent spasms, induces incessant vomiting, pain, hiccough, distention of the abdomen, and in some cases which I have seen, it appeared as if drawn in towards the back, frequent deliquium, cold sweats, convulsions and death; the body turns suddenly putrid, becomes horridly inflated; the head, tongue, fauces, monstrously swelled and black; the whole carcase emits the most putrid stench, and the scarf-skin peels off on touching it. On viewing the stomach, it appears inflated, often inflamed with gangrenous spots, or rather suffusions, here and there spread over its surface, and the blood vessels distended. When opened, the villous coat has all the appearance of having suffered great inflammation: often an eschar is observed, encircled by an inflammatory ring: this has been deemed characteristic of the action of arsenic; but, I know to a certainty, that it is not. An inversion of the intestinal canal is also frequently seen. Having finished the anatomical inspection of those parts, we
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next proceed chemically to examine the contents of the stomach: I am convinced that many erroneous and fatal opinions have been drawn in those cases from the most bungling and inaccurate processes: the most decisive methods of ascertaining the existence of arsenic in the contents, is by exposing the detached substance we deem to be arsenic to the effects of fire, when an aliaceous smell will be emitted; to make the experiment usually tried on copper, which it turns white; or to precipitate it by a preparation of sulphur. If we but for a moment consider the circumstances that happen previous to death, the incessant vomitings, constant dilution, and often small quantity of the poison taken in, it will not be surprising that it should elude all chemical investigation, and that the whole of the poison may be frequently ejected soon after it has been received, although its deleterious effects continue. Besides, few bodies are opened until twelve or twenty-four hours after death; and at those periods very important changes rapidly take place; so that to detach arsenic from all adventitious substances (under those circumstances) is more to be wished for than expected, and all mineral poisons, as to their immediate action, if given in such quantity

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quantity as to produce sudden death, are similar in their effects and local appearances.

I ATTENDED two healthy men that were poisoned by drinking claret made up with sugar of lead—a frequent practice in correcting sour wine; they both died in the course of forty eight hours after; and it was impossible, either from the symptoms that preceded death, or the appearances found on dissection, to determine what kind of mineral poison had been administered.

VEGETABLE poisons, particularly the laurel, may be ranked among the most powerful; their action seems more immediately to engage the nervous system, than locally ~~to~~ affect the stomach; therefore convulsions, epilepsy, apoplexy, and death, soon succeed: nor can the effects, particularly of the laurel, be observed, on inspecting the stomach and alimentary canal.—Any opinion founded on the smell of the contents, or giving them to a dog disguised in food, I consider of no weight in deciding on so important a question. I will just remark, that where death has in a few hours followed the administration of poison, if mineral, the excitement is first local; soon after the nervous system becomes affected:
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if vegetable, the nervous system becomes at once engaged, and no characteristic local effect can be perceived on dissection. In either case death seems to me to be more immediately produced by pain, the fatigue of vomiting, convulsions, and, in short, general sympathy, than from any organic injury.

I HAVE been frequently called on in cases of death, where poison was supposed to have been given; and after the most accurate anatomical investigation, I never could decide, the appearances were so ambiguous. Should this appear extraordinary, it ought to be remembered that in all cases of sudden death, (particularly if the deceased was of a full habit), the body swells, and suddenly turns putrid: although this event may in a shorter time take place, and in a more extensive way, where poison has been administered; yet this is a matter involved in so much doubt, and depends so much on contingency arising from season, situation, and various other circumstances, as to render it of little weight in deciding on so important a point.

POISONS of all kinds induce sudden putrefaction, and so do spirits, when drank to such excess as to cause death.—I remember the case of a woman accustomed to drink

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spirits in such quantities as to be almost continually drunk: this woman was found dead in her room; I was called a few hours after; she was then so putrid that I smelt her from below stairs. On examining the body, it was horridly inflated, bursting with putrefaction, the scarf skin peeled off with the slightest touch. On opening the stomach, an alliaceous smell, or that of garlic, was extremely perceptible; this convinced a gentleman present, that arsenic had been administered. It was in vain I informed him that arsenic, unless exposed to the action of fire, was inodorous: the family became alarmed, doubt and terror seized them; Providence directed me to a closer examination, and I found a box of asafœtida pills (which she usually took from time to time) in the window. This immediately so struck me, that I turned out the contents of the stomach into a basin, and found a pill undissolved. I need not mention from what impending misery a husband (who was the person suspected of having poisoned her) was saved.

As to the appearances of inflammation and gangrene, all who are conversant in dissections, know that they indicate the commencement of putrefaction as frequently as the effects of disease.—There is hardly a stomach of those who die of short illness, that
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does not present suffused spots, the gastric juice often acts on the stomach as a solvent after death, and from this cause the stomach has been found eroded in different parts, as if acted on by some of the mineral poisons, which by the ignorant may be taken for morbid appearances; I therefore am decidedly of opinion, that unless arsenic is found actually in the stomach, all the other marks of its having been administered, are extremely equivocal, and should be of no weight in determining on a point of so much consequence, and where (should any mistake arise) the accused person may suffer an ignominious death.

JURIES therefore in all cases of suspected poison, in forming their opinion, should attend more to the other circumstances that may occur in the course of the trial, than to the report of the surgeon; all medical opinions in those cases being more frequently founded on mere conjectures, than real facts, are little to be relied on.

THE next circumstance in which the opinion of a surgeon is usually demanded, is, the case of supposed infanticide.

I HONOUR the memory of the late Doctor Hunter, for a paper which he published in the sixth volume of the London Medical Ob-

servations, on this subject; it is replete with anatomical discrimination, directed to the most humane purposes. He is of opinion (and that founded on long experience and an intimate knowledge of the feelings of the sex, in the most critical and trying moments) that infanticide is rarely a premeditated act. — In fact, women who are pregnant, without daring to avow their situation, are generally poor, deluded, credulous creatures, abandoned by the objects of their affection and cause of their misfortune, often left to struggle with neglect, poverty, and disease. Under the pressure of those circumstances, they retire to some solitary place when in labour, and abandon themselves, in despair to the event, without seeking any assistance. Delivery in those circumstances is frequently attended with hæmorrhage either during the time, or immediately after; the placenta is detached, it frequently lies half in the vagina and os uteri, for want of assistance; a deliquium is frequently induced, from terror and loss of blood; and when the unfortunate woman recovers, perhaps she finds the child dead; and in this situation, surely her concealing the cause of her shame is an impulse of nature, and should not be adduced as a proof of guilt: Yet this very circumstance (without making any allowance for the state of mind in those moments of terror and shame) gives rise to suspicion, and often leads to an enquiry,

enquiry, that in the event, has consigned many an innocent woman to an ignominious death. If the appearances of poison are found extremely equivocal on dissection, those of infanticide are still more so; no judgment abstracted from evident external injury, ought to have the least weight; the suffused and bloated look of a child in those cases, is rather characteristic of its being still-born, particularly if occurring after a tedious or difficult labour.—The experiments generally tried on those occasions, in order to ascertain whether the child was born alive or not, are all made on the lungs: it is concluded, if they float on being thrown into water, that the child came into the world alive; if they sink, that it was born dead: no appearances are less to be relied on. Putrefaction will occasion the lungs to be specifically lighter than water, and cause them to swim on the surface although they never had been inflated, and by inflammation they may become dense, and sink to the bottom, although the child had breathed; besides, the child may have partially or just breathed, and expired on being born.—In short, all such appearances so much depend on a variety of contingent circumstances, as render them of little importance in determining in cases of suspected infanticide.

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HAVING anatomically inspected the body, the young surgeon should retire, and reconsider the case before he makes his report: his character is at stake, as well as the accused person's life; both, by imprudence, may be irretrievably lost. In delivering his opinion, or explaining the cause of death, the surgeon's narrative should be simple and candid; let him use as few technical terms as possible, both for the better information of the jury, and to avoid giving a lawyer an opportunity of embarrassing him.

As, abstracted from wounds, fractures, and other external injuries, the causes of death are generally equivocal; wherever the surgeon cannot ascertain them beyond the possibility of a doubt, he should decide in favour of the accused: better ninety and nine guilty should escape punishment than one innocent person suffer.

THE remaining points to be considered are the manner of making reports, and the attendance on inquests.

No people suffer more from malicious prosecutions than those of the lower order in Ireland; every dispute is with them generally terminated *fustibus et gladiis*; and
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he who has got the worst of the battle, swears against the victorious party: two motives seem principally to induce them so uniformly to have recourse to law for redress; the first is resentment, the next money; and in the pursuit of both, it is impossible to describe the flagrant instances of perjury every day exhibited in our Crown Offices.—I never attended a trial of this kind that I was not shocked at the contradictory assertions of both parties, many of which I knew, at the instant, to have no foundation in truth: the witnesses are generally tutored for the evident purpose of perjury previous to the trial, and, in the common language, are ready to *swear any thing* that may be deemed conducive to gaining their suit. The mode of prosecution is simply as follows:—When a man has received a wound, or any other injury, he immediately goes to a magistrate and lodges examinations against the person from whom he received it, and swears he is under the care of a surgeon, and his life is in danger; the magistrate grants a warrant for apprehending the offending party, and, if taken, he is immediately committed to goal.—Now, all this is generally done without much enquiry whether the allegations are well-founded or not.

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To be committed to goal is, in itself, I conceive, a very great punishment, and I am convinced has been the means of corrupting many an innocent man; for shame and character, those barriers against vice, are at once lost: the accused must lie in prison until bailed out, on the surgeon's report of the person injured being out of danger. How many honest innocent men have I known ruined before this report was obtained, their families in supporting them in prison, reduced to beggary, and themselves, by wicked association, the effects of despair, the loss of character, become drunken, idle, and profligate during the remainder of their lives.

THERE is hardly a man in society that may not innocently become the unfortunate victim of a malicious prosecution. To convince the most incredulous, and to shew to what extent such things are sometimes carried, I will, out of many instances, produce one.

A CLERGYMAN of the established church hearing his wife and servant-maid disputing in the kitchen about some trivial matter, went down and only interfered so far as to repel some rudeness offered by the girl to her mistress, by pushing the servant one side.

side. She either accidentally, or on purpose, fell against the dresser, and received a slight contusion over the eye, of no sort of consequence; she immediately went up stairs, stood at the street door, told the people passing by she had been almost murdered by her master; and to confirm this assertion, she immediately dropped into an apparently strong epileptic fit. She was then carried as one expiring to an hospital, and without farther inquiry the unfortunate clergyman and his wife, were both dragged to Newgate. The indignation of the populace was at such an height, that the windows of his house were broken, and the furniture thrown out into the street. In the evening the account of this dreadful murder was cried about the streets by the news-hawkers. The next day this woman was removed out of the hospital to private lodgings, where she continued to be attended by some of the faculty for ten or twelve days, during which time she never could be got to shew the least signs of sense or recollection, but seemed to be (particularly when examined) violently agitated and convulsed. I was at this time called into consultation, and on examining her rather unexpectedly, I was at once convinced she laboured under no real complaint, and that she was a vile impostor:

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poſtor: There are two objects a medical man ſhould have in view in thoſe inquiries—to alarm the party by fear of operation, or to rouse them into ſudden paſſion by abuſe: I took the latter method, and with ſome harſh expreſſions told her, I would inſtantly ſend her to Channel-row; ſhe, as one electrified bounced up, and ſwore I dare not: My buſineſs was now effected; I immediately went to the late Sir Samuel Bradſtreet, related the whole tranſaction, and had the clergyman and his wife liberated. On coming back I called to ſee in what ſituation my patient was, but ſhe, as ſoon as I had left the houſe, put on her clothes, and decamped without leave.—It is needleſs to comment on this caſe; I will only add, that the terror and ſhame, of being ſo publickly expoſed, made ſuch impreſſion on this poor man's mind, as brought his life into the moſt imminent danger; and the expences attending his confinement, &c. ſurrounded as he was with a large family, conſiderably injured his circumſtances.

IN order to obviate thoſe abuſes in our medical jurisprudence, magiſtrates ſhould not grant a warrant for committing a man to goal on the mere oath of the injured perſon, and unleſs the attending ſurgeon certifies

certifies his life to be in danger. When a person is once committed to goal for an offence of this nature, without a surgeon's report, that the injured party is not in danger of his life, he cannot be admitted to bail. Formerly giving certificates of this kind formed a very lucrative part of the practice of surgeons, for they often, in those cases, with-held making any report until paid their demand for their whole attendance. I have known thirty, forty, nay eighty guineas, given, before a report could be obtained. In short, if the accused was rich, or if they thought they could get much money, all parties must be satisfied before a report would be thought of.—It is impossible to conceive the distress that this iniquitous practice has reduced whole families to. I have known the poorer people in such circumstances, sell or pawn every necessary they possessed, in order to get as much money as would satisfy the surgeon, who was generally the principal object, and release perhaps a husband or brother from prison. During this negociation, it was always thought necessary that the injured persons should keep in bed, and appear extremely ill; and they were generally so well instructed, and such good actors, that it required no small share of discrimination to detect them, for they would suffer even se-

vere operations, or any thing that was thought necessary to the carrying on the deception. I have in many of those cases unexpectedly visited a fellow and found him eating heartily of beef-steaks, who perhaps two hours before appeared with all the symptoms of a fractured skull. Out of many instances I will produce one:—A man deemed to be rich, gave another a blow with a stick on the head, and cut him: he was the next day sworn against, and lodged in goal; the man was attended by a surgeon long since dead: another was called: no report could be made, as no terms were offered by the man in goal, that would be accepted. Days and weeks passed in this kind of negociation; for although the man was wealthy, he was tenacious: At length a third surgeon was called; he found that the man had originally but a slight cut: but that it had been thought necessary (on account of irregular shiverings which the man said he had) to scalp him: (an operation as then performed attended with the most exquisite pain, and by which the skull was laid bare to near the breadth of half a crown.) No other dangerous circumstance appearing, the consulted surgeon, fully convinced of the imposition, in order to terrify the man proposed that he should be immediately trepaned; the patient enquired the
nature

nature of that operation; the other coolly replied, it was only to bore a hole through his skull with an instrument much like a large augre. This was going too far;—terms were immediately proposed, and accepted: the shiverings ceased, and the man in goal (after a confinement of six weeks) was released, at the expence of near five hundred pounds.

THE Royal College of Surgeons early saw those flagrant abuses, and have done every thing in their power to counteract them; for by one of their by-laws, no member of the college can demand more than two guineas for a report to a magistrate; and should he be convicted of making a false and corrupt one, he is publickly expelled the college.

THE only point that remains for consideration, is, the attendance on inquests. This has always been deemed a professional duty which surgeons owe to public justice; and undoubtedly, in most cases, it really is so: however, public motives alone will seldom induce men to act contrary to their private interests.—To attend an inquest is, to the surgeon, unprofitable, the loss of time highly inconvenient, and in the event may be productive of very disagreeable consequences; for he is bound to appear at the trial,

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trial, whence, should he be absent, even on the most pressing professional occasion, he may be heavily fined.—Those are very strong motives for surgeons to endeavour, as much as possible, to avoid being engaged on such occasions. I was myself fined fifty pounds by the late Judge Robinson, although he had been previously informed that I had only just quitted the court, on being sent for to a man whose thigh I had amputated in the morning, and who was said to have had a bleeding from the stump: to this excuse the judge paid not the least attention, as, I believe, he supposed it to be ill-founded; so imposed the fine. It is true, I got it taken off next day. But there is something extremely humiliating and vexatious in the various applications necessary to be made on those occasions.

A SURGEON not long since had a keeper put on his house, in consequence of a green-wax process, for non-attendance, although he had not been half an hour absent from court; but unfortunately the trial commenced in the interim. This case was extremely distressing, for he was a man surrounded with a small family, and could not possibly command half the sum. The consequence was, the keeper remained on his house for eight weeks, as the judge who imposed the fine was absent on circuit, and nothing could

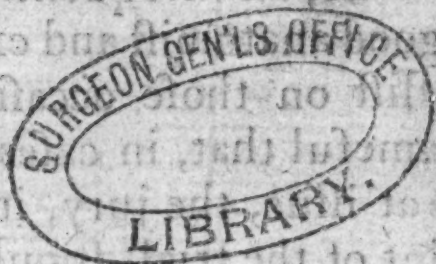
could be done in the affair until he came back. So after suffering this disgrace, and being at more than ten pounds expence, at length the fine was remitted.

WHEN those different circumstances are duly considered, no reflection can justly fall on gentlemen of the profession, for endeavouring to avoid an attendance that must so materially interfere with their other duties. However there can be no doubt that it is extremely necessary that inquests should be properly attended, and that the worst consequences may arise, and frequently do, from the want of a good anatomist and experienced surgeon to assist on those occasions. It is absolutely shameful that, in cases where life and death are at issue, the jury, in the more important point of the trial, should have no better direction to form their opinion by, than (perhaps) the evidence of an apprentice, so that justice may be evaded, or innocence condemned.

THE business of attending inquests should be therefore made a distinct appointment, or annexed to some of the present professional establishments: so that in all cases of supposed murder, the inspection of a good anatomist and experienced surgeon, may no longer be a matter of mere contingency.

BEFORE

BEFORE I conclude those general remarks, I request the reader will consider that it never was my intention to go much into detail. The subject undoubtedly is important, and required more time and attention than I was able to give it; but, if what I have advanced, will lead to any useful enquiry, or be the means of detecting ignorance or defeating malice, my views are fully completed.



F I N I S.

